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CONFIRMATION NO. 9523

<b>SERIAL NUMBER</b> 10/787,056	<b>FILING OR 371(c) DATE</b> 02/24/2004 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2624	<b>ATTORNEY DOCKET NO.</b> 9823-24U1 (VU0358)
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**APPLICANTS**  
 Michael I. Miga, Franklin, TN;

**\*\* CONTINUING DATA \*\*** *A-T*  
 This appln claims benefit of 60/449,780 02/24/2003

**\*\* FOREIGN APPLICATIONS \*\*** *No*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
 \*\* 05/17/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>A-T</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> TN	<b>SHEETS DRAWING</b> 27	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 4
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**ADDRESS**  
570

**TITLE**  
Elastography imaging modalities for characterizing properties of tissue

<b>FILING FEE RECEIVED</b> 502	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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